

# Arizona Board of Athletic Trainers

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## INITIAL APPLICATION

CAREFULLY READ INSTRUCTIONS.  
(Please print or type all information)

### SECTION I: PERSONAL INFORMATION

A. Last Name		B. First Name		C. Middle Name	
D. Show my name on my license as				E. Other Names Used	
F. Date of Birth	G. Social Security Number - -	H. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		I. Home phone number ( )	
J. Home Address		City	State	Zip Code	
K. Mailing Address if different		City	State	Zip Code	
L. Employer's Name				M. Business phone number ( )	
N. Employer's Address		City	State	Zip Code	
O. NATA-BOC Certification Number	P. Original Issue Date	Q. Date of Last Certification		R. Is Your Certification current?	

### SECTION II: TYPE OF LICENSURE

- A. In accordance with Arizona Revised Statutes (ARS) §32-4126, I hereby make application and submit fees for an Arizona Athletic Trainer's License in the amount of \$250.00

**NOTE: Submit with application either a CERTIFIED CHECK, MONEY ORDER OR CASH for the total amount and make payable to The Arizona Board of Athletic Trainers.**

**ALL FEES ARE NON-REFUNDABLE**

### SECTION III: PROFESSIONAL EXPERIENCE AND/OR FIELDWORK. (Within the past five years.)

(List most recent first)

A. Facility and Address	B. Position	C. Inclusive Dates
D. Facility and Address	E. Position	F. Inclusive Dates
G. Facility and Address	H. Position	I. Inclusive Dates
J. Facility and Address	K. Position	L. Inclusive Dates
M. Facility and Address	N. Position	O. Inclusive Dates

**SECTION IV: EDUCATION**

(List most recent first)

A. College/University Name, City and State	B. Dates Attended	C. Date Graduated	D. Degree Received
E. College/University Name, City and State	F. Dates Attended	G. Date Graduated	H. Degree Received
I. College/University Name, City and State	J. Dates Attended	K. Date Graduated	L. Degree Received

**SECTION V: CURRENT OF PREVIOUS LICENSURE/CERTIFICATION**

A. Are you now or have you ever been licensed/certified in a different occupation or profession in this state or any other state?

YES  
☐NO  
☐

B. List all states and foreign countries where you are or have been licensed to practice Athletic Training.

C. State or Country	D. License Number	E. Current Status
F. State or Country	G. License Number	H. Current Status
I. State or Country	J. License Number	K. Current Status
L. State or Country	M. License Number	N. Current Status

**SECTION VI: DISCIPLINARY ACTIONS**

A. Have you ever had a license/certification denied, revoked, suspended or other disciplinary action taken against you?

\*YES  
☐NO  
☐

B. Have you ever been convicted of any crime?

\*YES  
☐NO  
☐

\* For yes responses see instructions.

**SECTION VII: AFFIDAVIT OF APPLICATION**

(Applicant's name) \_\_\_\_\_, being first duly sworn under oath, deposes and states that they are the person referred to in this application for licensure and that the statements herein contained are true, to the best of my knowledge and belief. I have also read the Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

\_\_\_\_\_  
(Applicant's Signature)

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
(Signature of Notary Public)

My commission expires on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_